

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Wilson, Allison		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 5:05-000042-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Wilson		8. PAYMENT CATEGORY Petty Offense		9. TYPE PERSON REPRESENTED Adult Defendant	
10. REPRESENTATION TYPE (See Instructions) Criminal Case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 13-3800.P -- LARCENY AND THEFT, MISDEMEANOR OTHER					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Wallin, David M. 41319 12th Street West Suite 101 Palmdale CA 93551 Telephone Number: (661) 267-1313			13. COURT ORDER X O Appointing Counsel C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Signature of Presiding Judicial Officer or Clerk of the Court Date of Order 7/12/2005 7/12/2005 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Law Offices of David M. Wallin 41319 12th Street West Suite 101 Palmdale CA 93551					
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
15. a. Arraignment and/or Plea			.5		
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial (pre-trial)			1.5		
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ 90.00) TOTALS:			2.0	\$180.00	
16. a. Interviews and Conferences			1.0		
b. Obtaining and reviewing records			.5		
c. Legal research and brief writing					
d. Travel time			1.5		
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 90.00) TOTALS:			3.0	\$270.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				30.38	36.38
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):				\$480.38	486.38
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 7/12/05 TO 10/11/05				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	
				21. CASE DISPOSITION 01	
22. CLAIM STATUS X Final Payment ! Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES X NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES X NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: 11/3/05					
APPROVED FOR PAYMENT -- COURT USE ONLY					
23. IN COURT COMP. \$180.00		24. OUT OF COURT COMP. \$270.00		25. TRAVEL EXPENSES \$36.38	
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT \$486.38			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Theresa A. Galdame		DATE 11/16/2005		28a. JUDGE / MAG. JUDGE CODE 72BJ	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE	